. No. 2
—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 27 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39908

Registration District No. 133 — Primary Registration District No. 3022 — Registrar's No. 92

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 35 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison 41
(c) City or town Bethany
(If outside city or town limits, write "RURAL")
(d) Street No. none
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Edith Martha Sawyers
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Frank L.
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased September 7, 1882 (Month) (Day) (Year)

8. AGE: Years 66 | Months 3 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace Fairfield (City, town, or county) Iowa (State or foreign country)
10. Usual occupation housewife.
11. Industry or business none

FATHER
12. Name Jacob E. Wilson
13. Birthplace Indianapolis, Ind. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret E. Wilson
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Mary Margaret Smith
(b) Address Kansas City, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Fairfield, Ia.
18. (a) Signature of funeral director M B Haas
(b) Address Bethany, Mo
19. (a) 12/16/48 (Date received local registrar) (b) Zola Burns (Registrar's signature) 116

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14
year 1948 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Sept 1, 1946 to Dec 14, 1948
that I last saw her alive on 12-14, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hyperstatic Pneumonia	3 days
Due to: Chronic Myocarditis c Hypertension	3 yrs
Due to:	
Other conditions: Carcinoma of Uterus (Include pregnancy within 3 months of death)	6 mo.

Major findings:
Of operations
Of autopsy — 48 B

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. F. Broyles (M. D. ~~or other~~)
Address Bethany Mo Date signed 12/16/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JAN 10 1949

OCT 15 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed M. B. Haas

M. B. Haas

Licensed Embalmer No. 3899

P. O. Address Bethany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.